

APPLICANT(S): Joseph P. Orban III

EXAMINER: Fangemonique A. Smith

GROUP: Art Unit 3736

DATED: October 10, 2008

TITLE: MINIMALLY INVASIVE REMOVAL DEVICE
WITH BREAKAWAY SHEATH

Mail Stop AMENDMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Applicant claims small entity status of this application under 37 C.F.R. 1.27

- ☒
- No additional fee is required.

The fee has been calculated as shown below:

		(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDL. FEE		RATE	ADDL. FEE
TOTAL	* 35	MINUS	** 35	= 0	x 26=	\$	OR	x 52=	\$
INDEP.	* 5	MINUS	*** 5	= 0	x 110=	\$		x 220=	\$
					x 195=	\$		x 390=	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					TOTAL	\$ 0.00		TOTAL	\$

- * If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
- ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 20, write "20" in this space.
- *** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 3, write "3" in this space. The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior amendment or the number of claims originally filed.

CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. §1.8(a)

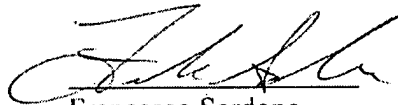
I hereby certify that this correspondence is being transmitted on the date below with the United States Patent and Trademark Office, PO Box 1450, Alexandria, VA 22313-1450, via electronic submission.

Dated: October 10, 2008

Nicole Rispone

- ☐ Please charge Deposit Account No. 21-0550 in the amount of \$_____.
- ☐ A check in the amount of \$_____ is enclosed.
- ☒ Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 21-0550. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 21-0550 therefor.

Respectfully submitted,



Francesco Sardone
Reg. No.: 47,918
Attorney for Applicant(s)

Carter, DeLuca, Farrell & Schmidt, LLP
445 Broad Hollow Road - Suite 225
Melville, New York 11747
Tel.: (631) 501-5700
Fax: (631) 501-3526
FS/nr